



Zululand
District Municipality

SUPPLIERS DATABASE REGISTRATION FORM

DELIVER TO:

**PROCUREMENT OFFICER
QUEEN SOLOMON CENTRE
ZULULAND DISTRICT MUNICIPALITY OFFICES
PRINCESS MKABAYI STREET
ULUNDI**

OR POST TO:

**THE PROCUREMENT OFFICER
ZULULAND DISTRICT MUNICIPALITY OFFICES
PRIVATE BAG X 76
ULUNDI
3838**

ALL ENQUIRIES TO BE DIRECTED TO:

**THE PROCUREMENT OFFICER
TELEPHONE: (035) 874 5556
FAX NUMBER: 035 874 5589/ 91**

FOR OFFICE USE:

Supplier Name: _____

ZDM Registration Number: _____ ZDMS

VENUS Supplier Number: _____

Captured By: _____

Date: _____

Approved By: _____

Date: _____

IMPORTANT NOTES:

Please read carefully

- To be completed by all vendors seeking registration as an approved supplier.
- Form must be completed in **full** and must be **signed**.
- Suppliers must comply with the registration criteria for registration to be finalised – failure to do so may result in the application being declined.
- Applicants will be contacted via email and must therefore submit an operating email address; failure to comply will result in excluding the supplier from the EFT system.
- It should be noted that the ZDM reserves the right to accept or reject any application **without being obliged to give any reasons** in this respect
- Suppliers will **not be notified** whether the application was accepted or not but will be advised of the outcome if telephonically requested
- Documents must be hand delivered at or posted to the above address. Faxed documents will not be accepted.
- Only black pen to be used.

GUIDELINES:

1. Applicants are advised that only **ORIGINAL** ZDMDB forms or **PHOTOCOPIES** thereof will be processed. Any document that has been retyped or redrafted will be disregarded and returned to the applicant.
2. It is imperative that only supporting documents with an **ORIGINAL** signature be submitted.
3. All signatures must be commissioned by an authorized Commissioner of Oaths. Failure to do so will result in the applicant **not qualifying** for registration.
4. Suppliers registered on the Suppliers Database **MUST** notify the Supply Chain Management Office of any changes to information provided in the initial ZDMDB form, as captured onto the Suppliers Database. Failure to do so may result in such a supplier being removed from the Suppliers Database and/or the cancellation of contracts awarded to the supplier, on the basis of misrepresentation.
5. Suppliers providing information incorrectly or fraudulently in their ZDMDB form will be **disqualified** from bidding and **removed** from the Suppliers Database, in addition to any other action the Province may institute against such a supplier. Furthermore, in the event of the Province being prejudiced financially, it reserves the right to **take legal action** against the supplier.
6. For definitions of terminology used in this document, please refer to the definitions set out in Treasury Regulation 16 A and the Zululand District Municipality's Supply Chain management Framework, located on the Zululand District Municipality's website: www.zululand.org.za
7. Any **alterations** made by the supplier to its own information inserted on this document, must be **initialled** by the supplier. The use of correcting fluid is prohibited and the use thereof will lead to non-registration of the applicant.
8. Reminder letters will be issued by the Zululand District Municipality to suppliers to update their information. It remains the responsibility of the supplier to ensure that their information is updated in the Suppliers Database, therefore if a reminder letter is not received, the supplier must follow up with the Zululand District Municipality.

SUBMISSION OF DOCUMENTATION

The following documents must accompany your application:

Please indicate

Documents	Expiry date	YES	NO
Original certified copies of Identity Documents (ID) of shareholders	N/A		
Valid SARS Tax Clearance Certificate (original documents only)			
CK1 – Certificate of incorporation / CK2 – Close Corporation (Certified)	N/A		
Original or Certified Proof of Residence i.e. (water & lights account)	N/A		
ICT Service Accreditation certificate (if applicable)			
Training Institution (SETA Accreditation Certificate)			
Company profile	N/A		
Valid Broad-Base Black Economic Empowerment (BBBEE) Certificate			
Copy of bank statement (not older than 3 months) or cancelled cheque	N/A		
Construction industry development board registration Certificate (CIDB)			

SECTION 1: PARTICULARS OF THE ORGANISATION

Please note that all information will be treated confidentially.

Where organisation is a joint venture the individual members of the joint venture are to separately provide information on their organisation.

1.1 REGISTERED NAME OF THE ORGANISATION:

1.2 TRADING NAME:

1.3 TYPE OF ORGANISATION: (please tick **one**)

PTY(Ltd)	<input type="checkbox"/>	CC	<input type="checkbox"/>	Sole Trader	<input type="checkbox"/>	Section 21	<input type="checkbox"/>	Public Company	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>
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1.4 COMPANY REGISTRATION NUMBER:

1.5 INCOME TAX REGISTRATION NUMBER:

1.6 VAT REGISTRATION NUMBER:

1.7 UIF REGISTRATION NUMBER:

1.8 PAYE NUMBER:

1.9 CONSTRUCTION INDUSTRY DEVELOPMENT BOARD REGISTRATION NUMBER (CIDB):

1.10 COMPENSATION COMMISSIONER REGISTRATION NUMBER:

1.11 **CENTRAL SUPPLIER DATABASE NUMBER

** All suppliers who wish to register on the ZDM supplier's database must be registered on the CENTRAL SUPPLIER DATABASE. NO applications will be considered without a valid registration no.

<https://secure.csd.gov.za/>

1.12 BUSINESS POSTAL ADDRESS:

BUSINESS PHYSICAL ADDRESS:

Postal Code:	

Postal Code:	

1.13 CONTACT PERSON (**Full name**) AND DESIGNATION:

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1.14 CONTACT DETAILS:

EMAIL:	
TELEPHONE NUMBER:	
CELL NUMBER:	
FAX NUMBER:	

1.15 STATE THE MUNICIPALITY IN WHICH YOU'RE BUSINESS OPERATES:

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1.16 PREVIOUS BUSINESS INFORMATION (if applicable)

Did your business exist under a different name previously?	
If "yes" what was the previous business name?	
Reason for name change?	

1.17 BANKING DETAILS:

The Zululand District Municipality has adopted a policy of making vendor payments via EFT. To ensure that there are no delays in the processing of payments, ensure that the Electronic funds transfer form and the banking account details form are completed correctly and have the requisite bank authorisations.

ELECTRONIC FUNDS TRANSFER

NAME OF COMPANY/ PARTNERSHIP/INDIVIDUAL: _____

TRADING AS: _____

REG. NO.: _____ TEL: _____ FAX: _____

ADDRESS: _____

_____ POSTAL CODE: _____

I/ We, the undersigned, hereby authorise and instruct the Zululand District Municipality to pay all amounts that may hereafter, from time to time, become due and payable to me/us by the Zululand District Municipality by electronically transferring the same to the bank mentioned below for the credit of my/our account detailed below.

I/ We, the undersigned, understand and agree that:

- Any such transfer shall constitute a full and final discharge of the Zululand District Municipality's obligation to make such payments to me/ us. Zululand District Municipality shall not be liable to make good any loss. I/ We may suffer consequent upon such transfer pursuant to this authority and instruction.
- This payment authorisation and instruction will be applied to both goods purchased and services rendered.
- This authority and instruction will remain valid unless cancelled by either party upon thirty (30) days written notice. The said notice will only be effective in writing, delivered to the other party at the addresses stated herein and bearing an acknowledgement of receipt by the other party.
- Should any transfer attempted in respect of this authorisation be unsuccessful due to incorrect information supplied by me/ us, I/We agree to pay all bank charges for this transfer attempt.

In the event that the details set out herein should change, I/ We agree to notify the Municipality forthwith.

Name

Capacity

Telephone/Cell

Signature

Date

BANK ACCOUNT TO WHICH PAYMENTS ARE TO BE MADE

NAME IN WHICH ACCOUNT IS HELD: _____

NAME OF BANK: _____

BRANCH: _____

BANK CLEARING NUMBER:

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ACCOUNT NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT TYPE:.....

Important :- Please ensure that you have included a certified copy of your identification and a copy of a cancelled cheque or bank statement as per the documents required.

SECTION B: BEFORE RETURNING, THIS SECTION MUST BE COMPLETED BY YOUR BANK

I/We confirm that the above information on the client's account at this bank is correct.

Bank Stamp:-

Signed on behalf of Bank

Name

Capacity

Note: This information will supersede any previous authorisation and instruction lodged with Zululand District Municipality. **Original completed** forms must be hand delivered or posted to the above address. Photocopies or faxed copies will not be accepted.

For Office Use Only	Supplier Code	Captured By(Name)	Initial	Date

SECTION 2: SERVICE TYPE AND CATEGORIES

VENDOR TYPE AND SERVICE CATEGORIES					
Please indicate your Service Type (ONE ONLY) by marking the appropriate box with an X.					
Code	Service Type	X	Code	Service Type	X
Cons	Consultant		Supp	Supplier	
Cont	Contractor				
Service providers may choose a MAXIMUM OF 3 (three) categories by marking the appropriate box with an X					
<i>* If more than 3 services are indicated, only the first three will apply</i> <i>**If your service is not indicated, write it clearly under "OTHER"</i>					
100	Construction Equipment And Supplies	X	500	General Services	X
101	Construction equipment		501	Catering	
102	Building materials		502	Cleaning and Gardening Services	
103	Electrical materials		503	Conferencing and Event management	
104	Plant hire equipment		504	Courier	
105	Plumbing materials		505	General Maintenance	
200	Construction Services	X	506	Laundry and Dry Cleaning	
201	Civil		507	Pest Control	
202	Electrical		508	Photographic and Graphic Design	
203	Mechanical		509	Printing	
300	Professional Services	X	510	Security and Safety	
301	Accounting, Auditing, Financial		511	Transport (buses / minibuses)	
302	Architectural and Quantity Surveying		600	Office and Facilities Supplies	X
303	Arts and Culture		601	Audio systems	
304	Auctioneering		602	Clothing and Corporate gifts	
305	Consulting Civil Engineer		603	Fire protection equipment	
306	Consulting Electrical Engineer		604	Groceries	
307	Consulting Geo-technical Engineer		605	IT- hardware/ software	
308	Consulting Mechanical Engineer		606	Office furniture and equipment	
309	Fire and Safety		607	Stationery	
310	GIS and Mapping and Data Collection		700	Vehicles	X
311	Occupational Health & Safety		701	Alarms and tracking systems	
312	Land and Property Valuers		702	Mechanical repairs and maintenance	
313	Land Surveying		703	Electrical repairs and maintenance	
314	Legal Services		704	Panel Beating	
315	Recruitment		705	Spares and parts	
316	Town and Regional Planners		706	Towing	
317	Training and Development		707	Vehicle dealership and Fleet Management	
318	Translation and Interpretation		800	Other	X
400	Miscellaneous Supplies	X	801		
601	Functions Equipment Hire		802		
602	Sports		803		

SECTION 4: REFERENCES

4.1 LIST AT LEAST THREE COMPLETED PROJECTS AND THEIR CONTACTABLE REFERENCE. LIST PER EACH TYPE OF SERVICE REGISTERED FOR:

PROJECT NAME	INSTITUTION NAME	AWARD AMOUNT	REFERENCE NAME AND CONTACT	DATE AWARDED
PROJECT NAME	INSTITUTION NAME	AWARD AMOUNT	REFERENCE NAME AND CONTACT	DATE AWARDED
PROJECT NAME	INSTITUTION NAME	AWARD AMOUNT	REFERENCE NAME AND CONTACT	DATE AWARDED

NB: A supplier can attach additional references per service type. References will be contacted, thus inaccurate contact details or poor service delivery may be used as valid grounds for registration being declined.

SECTION 5: DECLARATION

I THE UNDERSIGNED HEREBY DECLARE THAT THE INFORMATION GIVEN IN THIS DOCUMENT IS TO THE BEST OF MY KNOWLEDGE TRUE, AND CORRECT IN EVERY RESPECT.

Full names of owner or supplier representative: _____

Signature

Date

Signed at: _____

Supplier name: _____

SIGNED AND AFFIRMED BEFORE ME (COMMISSIONER OF OATHS):

Full name: _____

Signature

Date

Capacity: _____

